Best Available Copy

PATENT APPLICATION FEE DETERMINATION DECO										~	plica	IUOI	or E	ocket Nu	mber
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999											99	1	6	078	5463
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAI		NTI	ΤΥ	OR		R THAN LENTITY
FOR			NUMBER FILED NUMBER							FE	E	7	RATE	FEE	
BASIC FEE							•	345.00			OR		690.00		
TOTAL CLAIMS			minus 20:			· 58			X\$ 9		2	2	OR		1
INDEPENDENT CLAIMS			6 minus 3 :						X39=	_ 4		ते	1		
M	MULTIPLE DEPENDENT CLAIM PRESENT								7.00	-		_	OR		 -
- 11	* If the difference in column 1 is less than zero, enter "0" in column 2								+130	4		<u> </u>	OR	+260=	<u> </u>
	•								TOTA	L	///	1	OR	TOTAL	
3	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS						_	SMAL	LΕ	NTIT	Υ	OR		R THAN . ENTITY	
AMENDMENT A	·	REM/	NINING TER DMENT	NING . ER		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE TIONAL FEE			RATE	ADDI- TIONAL FEE		
	Total	· C	<u>PO</u>	Minus		48	=		X\$ 9=	1		ļ.	OR	X\$18=	/
AM	Independent FIRST PRESI	ENTATIO	N OF MI	Minus	EPENI		= /	Ī	X39=	1			OR	X78=	1/
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										7		OR	+260=	
								_ L	TOTA	_	+			TOTAL	
	····		mn 1)			olumn 2)	(Column 3)	A	DOIT. FE	EL		`		ADDIT, FEE	
AENT B		REMA AFT AMENT	INING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADD ION/ FEE	AL		RATE	ADDI- TIONAL
AMENDMENT	Total	•		Minus			- .		X\$ 9=	Ť			OR	X\$18=	· FEE
	Independent FIRST PRESE	NTATION		Minus		CAST OF ASS	=	T	X39=	1	_	7	OR	X78=	
				CITE DE	PEND	ENT CLAIM		ľ	+130=	1		コ	OR	+260=	
													OR,	TOTAL ADDIT. FEE	
		(Colur			(C	olumn 2)	(Column 3)		DIT. FEE	_			•	10011. FEE	
MEN		CLAI REMAI AFT AMEND	NING ER	•	PR	IIGHEST . IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	ſ	RATE	T	NDDI ONA	•		RATE	ADDI- TIONAL
	Total	•	+	Minus	1	ALD TON		\vdash		╂	FEE	\dashv	ŀ		FEE
	Independent	•		Minus	 			L	X\$ 9=	L		_ '	DR	X\$18=	
	FIRST PRESE	NTATION			1	ENT CLAIM			X39=			l	OR	X78=	
										T		7	DR	+260=	
***!	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number for											٦,	DR .	TOTAL DDIT. FEE	
T	he "Highest Num	ber Previo	usly Paid	For" (Total o	r Indep	endent) is the	highest number (found	in the ap	btot	oriate i	box i	n colu	าก 1.	
014	PTO 475														ľ

FORM PTO-875 (Rev. 12/99)